



ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE SECTION - PROGRAM DEVELOPMENT & RECYCLING UNIT
3033 North Central Phoenix, Arizona 85012

SPECIAL WASTE MANIFEST

031990

| | | | | | | |
|---|--|---|--|--------------------|--------------------|-------------|
| GENERATOR | 1. Generator's AZ ID No. EXEMPT | 2. Emergency Response Notification Phone Number (800) 535-5053 | | | | |
| | 3. Generator's Name and Mailing Address BOEING REALTY CORP. 4060 LAKEWOOD BLVD. LONG BEACH, CA. 90808 Generator's Phone Number and Area Code (310) 627-3014 | | SITE: 1414 DENKER ST. TORRANCE, CA. | | | |
| | 4. Transporter 1 Company Name and Mailing Address BRL SWS 766 S. AYON AV. AZUSA CA. 91702 | | Transporter's AZ ID No. 300,745 | | | |
| | 5. Transporter 2 Company Name and Mailing Address | | Transporter's Phone No. (800) 221-4232 | | | |
| | 6. Primary Receiving Facility Name and Address (physical site location, if different) COPPER MOUNTAIN LANDFILL AVENUE 35E, COUNTY 12TH ST. YUMA, AZ. 85356 | | Transporter's AZ ID No. | | | |
| | 7. Alternate Receiving Facility Name and Address (physical site location, if different) | | Transporter's Phone No. | | | |
| | 8. U.S. DOT description, (if applicable)(Non-DOT regulated materials enter shipping name, physical state and description of all contents of waste). | | Mark "X" if Haz. Mat. | Containers No. | Total Quantity | Unit Wt/Vol |
| | NON RCRA HAZARDOUS WASTE SOLID (SOIL CONTAMINATED WITH METALS) | | | 1 | 18 | CY |
| | 9. Additional information on transportation, treatment, storage, or disposal WEAR PROPER PROTECTIVE EQUIPMENT. PROFILE # 12660 | | | | | |
| | 10. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and governmental regulations. | | | | | |
| TRANSPORTER | Printed/Typed Name S. M. Stavale | | Signature [Signature] | | MO DAY YR 10 8 97 | |
| | 11. Transporter 1 Acknowledgement of Receipt of Materials | | | | | |
| | Printed/Typed Name [Signature] | | Signature [Signature] | | MO DAY YR 10 10 97 | |
| FACILITY | 12. Transporter 2 Acknowledgement of Receipt of Materials | | | | | |
| | Printed/Typed Name | | Signature | | MO DAY YR | |
| | 13. Discrepancy Indication Space AZ ADW HAZ | | | | | |
| 14. Facility Owner or Operator: Certification of receipt of special waste materials covered by this manifest except as noted in above item. | | | | | | |
| Printed/Typed Name SHARON ROBERSON | | Signature [Signature] | | MO DAY YR 10 11 97 | | |